

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: 01/04/2016		Bureau/Station/Facility: Central Patrol Division/Compton Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: 016-00162-2873-055		Date: 01/04/2015		Time: 2100	
City or Station: Compton Station		Nature of Incident: Deputies located a criminal threats suspect, who fled on foot and pointed a firearm at them. Deputy Covarrubias fired his duty firearm once at the suspect striking him in the right calf.			
Location: S. Tarrant Avenue, Compton Ca 90220					
<b>Location Type (check one or more):</b> <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other:		<b>Lighting (check only one):</b> <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights  <b>Weather (circle only one):</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance:		<b>Incident Type (check one or more):</b> <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Stabbing <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
<b>Initiated by (check only one):</b> <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit  <b>Prior Activity (check only one):</b> <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input checked="" type="checkbox"/>			
Total # of Shots Fired by Deputy: 1		Total # of Shots Fired by Suspect: 0			
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Del Castillo	Cesar	A		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Lopez	Alfonso		<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Fisher	Angel	M	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	Lindsay	John	L		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	Lucio	Marc	A		

SH #	2393052
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Rollout Information					
Arrival Date	01/04/2016	Arrival Time	2330	Date Submitted	01/04/2016
				Date of Recommendation	
Employee #		Last Name		First Name	M.I.
Employee #		Last Name	Watters	First Name	Dennis M
Employee #		Last Name	Adler	First Name	Kelly L
Shooting / Force Information					

## Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

**Brand**

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Starling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithaca	(RI)	RGI		

### Type of Injury

(AB)	Abrasion
(BR)	Bruse
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fracture
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

**Caliber**

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(38)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)[illegible]

# Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Covarrubias			Omar		F		
	Sex: M	Race: H	Rank: DSG	Unit Assignment: Compton		Work Assignment (Unit #, Module, etc.): 287DI				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used: N/A			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case # N/A		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting: 5		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors: Deputy Covarrubias			
	Age:	Height: 511	Weight: 200		<input type="checkbox"/> Uniform no Vest <input checked="" type="checkbox"/> Uniform w/ Vest					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm		# Shots: 1		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:	Height:	Weight:		<input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Uniform w/ Vest					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:	Unit Assignment:		Work Assignment (Unit #, Module, etc.):				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:	Height:	Weight:		<input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Uniform w/ Vest					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

# Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Covarrubias			Omar				
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber		# Shots		Weapons Fired Brand:		Caliber	
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber		# Shots		Weapons Fired Brand:		Caliber	
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber		# Shots		Weapons Fired Brand:		Caliber	
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			

# Officer Involved Shooting Suspect Information

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Suspect Information							
S 1	Last Name	Wright		First Name	Derrick	M.I.	M
	AKA Last Name			First Name		M.I.	
	Sex: M	Race: Black	Street Address:	City	State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:			
	Age: 32	D.O.B. 09/13/1984	Height: 600	Weight: 210	FBI #	CII #	
	Booking #	Primary Charge:		Secondary Charge:			
	4542276	Assault with A Deadly Weapon		Felon in Possession of a Loaded Firearm			
	Coroner Case?	<input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage?	<input checked="" type="checkbox"/>	Substance Used: Marijuana	
	Armed?	<input checked="" type="checkbox"/>	Apprehended?	<input checked="" type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?
	Vehicle Make	Infiniti		Model:	M37		
				Year:	2011		
S	Last Name			First Name		M.I.	
	AKA Last Name			First Name		M.I.	
	Sex:	Race:	Street Address:	City	State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #	
	Booking #	Primary Charge:		Secondary Charge:			
	Coroner Case?	<input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?
	Vehicle Make			Model:	Year:		
S	Last Name			First Name		M.I.	
	AKA Last Name			First Name		M.I.	
	Sex:	Race:	Street Address:	City	State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #	
	Booking #	Primary Charge:		Secondary Charge:			
	Coroner Case?	<input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?
	Vehicle Make			Model:	Year:		
S	Last Name			First Name		M.I.	
	AKA Last Name			First Name		M.I.	
	Sex:	Race:	Street Address:	City	State & Zip Code:		
	Work Phone:	Home Phone:	Social Security #:	Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #	
	Booking #	Primary Charge:		Secondary Charge:			
	Coroner Case?	<input type="checkbox"/>	Coroner Case #	Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:	
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?
	Vehicle Make			Model:	Year:		